

Fill in this information to identify your case:

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known)

Chapter 11

Check if this an amended filing

Official Form 201

**Voluntary Petition for Non-Individuals Filing for Bankruptcy**

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Endo Surgical Center of North Jersey

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

3. Debtor's federal Employer Identification Number (EIN) 22-3232300

4. Debtor's address Principal place of business

999 Clifton Avenue  
Clifton, NJ 07013

Number, Street, City, State & ZIP Code

Mailing address, if different from principal place of business

P.O. Box, Number, Street, City, State & ZIP Code

Passaic  
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL)

\_\_\_\_\_

6. Type of debtor

Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))  
 Partnership (excluding LLP)  
 Other. Specify: \_\_\_\_\_

Debtor Endo Surgical Center of North Jersey  
Name

## 7. Describe debtor's business

A. Check one:

Health Care Business (as defined in 11 U.S.C. § 101(27A))  
 Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))  
 Railroad (as defined in 11 U.S.C. § 101(44))  
 Stockbroker (as defined in 11 U.S.C. § 101(53A))  
 Commodity Broker (as defined in 11 U.S.C. § 101(6))  
 Clearing Bank (as defined in 11 U.S.C. § 781(3))  
 None of the above

B. Check all that apply

Tax-exempt entity (as described in 26 U.S.C. §501)  
 Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)  
 Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.

See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

## 8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

Chapter 7  
 Chapter 9  
 Chapter 11. Check all that apply:

Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).  
 The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).  
 A plan is being filed with this petition.  
 Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).  
 The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.  
 The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

## 9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

 No. Yes.

If more than 2 cases, attach a separate list.

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_

## 10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

 No Yes.

List all cases. If more than 1, attach a separate list

Debtor See Attachment Relationship \_\_\_\_\_

District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

Debtor Endo Surgical Center of North Jersey  
Name11. Why is the case filed in this district? *Check all that apply:*

Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.

A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

## 12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

No

Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

## Why does the property need immediate attention? (Check all that apply.)

It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.  
What is the hazard? \_\_\_\_\_

It needs to be physically secured or protected from the weather.

It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

Other \_\_\_\_\_

## Where is the property?

Number, Street, City, State &amp; ZIP Code

## Is the property insured?

No

Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

**Statistical and administrative information**13. Debtor's estimation of available funds *Check one:*

Funds will be available for distribution to unsecured creditors.

After any administrative expenses are paid, no funds will be available to unsecured creditors.

## 14. Estimated number of creditors

<input type="checkbox"/> 1-49	<input type="checkbox"/> 1,000-5,000	<input type="checkbox"/> 25,001-50,000
<input type="checkbox"/> 50-99	<input type="checkbox"/> 5001-10,000	<input type="checkbox"/> 50,001-100,000
<input checked="" type="checkbox"/> 100-199	<input type="checkbox"/> 10,001-25,000	<input type="checkbox"/> More than 100,000
<input type="checkbox"/> 200-999		

## 15. Estimated Assets

<input type="checkbox"/> \$0 - \$50,000	<input checked="" type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

## 16. Estimated liabilities

<input type="checkbox"/> \$0 - \$50,000	<input type="checkbox"/> \$1,000,001 - \$10 million	<input type="checkbox"/> \$500,000,001 - \$1 billion
<input type="checkbox"/> \$50,001 - \$100,000	<input checked="" type="checkbox"/> \$10,000,001 - \$50 million	<input type="checkbox"/> \$1,000,000,001 - \$10 billion
<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million	<input type="checkbox"/> \$10,000,000,001 - \$50 billion
<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million	<input type="checkbox"/> More than \$50 billion

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2018

MM / DD / YYYY

**X /s/ William Focazio, M.D.**

Signature of authorized representative of debtor

**William Focazio, M.D.**

Printed name

Title President

**18. Signature of attorney**

**X /s/ Anthony Sodono, III**

Signature of attorney for debtor

Date January 13, 2018

MM / DD / YYYY

**Anthony Sodono, III**

Printed name

**Trenk, DiPasquale, Della Fera & Sodono, P.C.**

Firm name

**347 Mount Pleasant Avenue**

**Suite 300**

**West Orange, NJ 07052**

Number, Street, City, State & ZIP Code

Contact phone 973-243-8600

Email address asodono@trenklawfirm.com

**007631990**

Bar number and State

Debtor

Endo Surgical Center of North Jersey

Name

**Fill in this information to identify your case:**

United States Bankruptcy Court for the:

DISTRICT OF NEW JERSEY

Case number (if known)

Chapter 11 Check if this an amended filing**FORM 201. VOLUNTARY PETITION****Pending Bankruptcy Cases Attachment**

Debtor	<b>Fenner Avenue LLC</b>	Relationship to you	<b>Affiliate</b>
District	<b>District of New Jersey</b>	When <u>1/13/18</u>	Case number, if known
Debtor	<b>William Focazio, MD, PA</b>	Relationship to you	<b>Affiliate</b>
District	<b>District of New Jersey</b>	When <u>1/13/18</u>	Case number, if known

**ENDO SURGICAL CENTER OF NORTH JERSEY, P.C.****UNANIMOUS CONSENT OF MEMBER IN LIEU OF SPECIAL MEETING**

The undersigned, being the president of Endo Surgical Center of North Jersey, P.C. (the "Company"), a New Jersey professional corporation, does hereby certify that, on January 13, 2018, the following resolutions were duly adopted and approved by the member of the Company and recorded in the minute book of the Company, and they have not been modified or rescinded and are still in full force and effect on the date hereof

**RESOLVED**, that in the judgment of the undersigned, it is desirable and in the best interests of the Company, its creditors and employees and other interested parties to file a voluntary petition for relief under the provisions of chapter 11 of title 11, United States Code (the "Bankruptcy Code") in the United States Bankruptcy Court for the District of New Jersey; and it is

**FURTHER RESOLVED**, that the Managing Member of the Company is hereby authorized and empowered to execute on behalf of, and in the name of, the Company a voluntary petition for relief under chapter 11 of the Bankruptcy Code and to cause appropriate documents to be filed in the United States Bankruptcy Court for the District of New Jersey, and any affidavits, forms, schedules, lists, applications or any other pleadings or documents which are necessary or appropriate to file the voluntary petition; and it is

**FURTHER RESOLVED**, that the appropriate officers of the Company be, and they hereby are, authorized and empowered to execute on behalf of, and in the name of, the Company any and all plans of reorganization under chapter 11 of the Bankruptcy Code, including any and all modifications, supplements, and amendments thereto, and to cause the same to be filed in the United States Bankruptcy Court for the District of New Jersey at such time as said authorized officer executing the same shall determine; and it is

**FURTHER RESOLVED**, that in connection with the commencement of the chapter 11 case by the Company, the appropriate officers of the Company be and hereby are, authorized and empowered on behalf of, and in the name of, the Company to execute and file all first-day pleadings and related documents on such terms and conditions as such officer or officers executing the same may consider necessary, proper or desirable, such determination to be conclusively evidenced by such execution or the taking of such action, and to consummate the transactions contemplated by such agreements or instruments on behalf of the Company; and it is

**FURTHER RESOLVED**, that the law firm of Trenk DiPasquale Della Fera & Sodono, P.C. is hereby employed as reorganization counsel for the Company upon such terms and conditions as the officers shall approve, to render legal services to, and to represent, the Company in connection with the chapter 11 case, subject to Bankruptcy Court approval; and it is

**FURTHER RESOLVED**, that the appropriate officers of the Company are hereby authorized to employ and retain on behalf of the Company such other professionals as they deem necessary or appropriate upon such terms and conditions as the officers shall approve, to provide services to the Company as may be requested by the officers of the Company in

connection with the chapter 11 case and with respect to other related matters, with a view to the successful prosecution of such case; and it is

FURTHER RESOLVED, that the appropriate officers of the Company are authorized and empowered to prepare and file with the Securities and Exchange Commission such documents and instruments as may be necessary or desirable in connection with the chapter 11 case; and it is

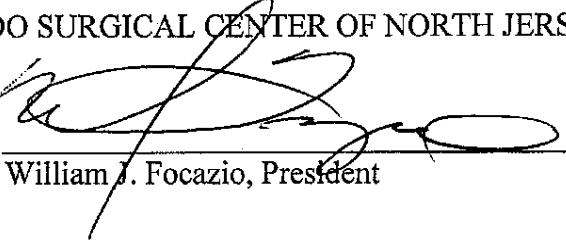
FURTHER RESOLVED, that the appropriate officers of the Company are authorized and directed to take any and all further action, and to execute and deliver in the name of and on behalf of the Company any and all such other and further instruments and documents and to pay all such expenses (subject to Bankruptcy Court approval), where necessary or appropriate in order to carry out fully the intent and accomplish the purposes of the resolutions adopted herein; and it is

FURTHER RESOLVED, that all acts lawfully done or actions lawfully taken by officers or directors of the Company to file the voluntary petition for relief under chapter 11 of the Bankruptcy Code or in any other connection with the chapter 11 case of the Company, or any matter related thereto, or by virtue of these resolutions be, and hereby are, in all respects ratified, confirmed and approved.

IN WITNESS THEREOF, I hereto set my hand this 13th day of January, 2018.

ENDO SURGICAL CENTER OF NORTH JERSEY, P.C.

By:

  
William J. Focazio, President

Fill in this information to identify the case:

Debtor name Endo Surgical Center of North Jersey

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2018

X /s/ William Focazio, M.D.

Signature of individual signing on behalf of debtor

William Focazio, M.D.

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name	Endo Surgical Center of North Jersey
United States Bankruptcy Court for the:	DISTRICT OF NEW JERSEY
Case number (if known):	_____

Check if this is an amended filing

## Official Form 204

### Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
DVCO 999 Clifton Avenue Clifton, NJ 07013		Unpaid Rent	Contingent Unliquidated Disputed			\$720,000.00
Nw Jersey, Treasurer 50 Barrack Street Trenton, NJ 08608		Taxes				\$452,035.56
Lawrence J. Thomson, Ct Appt Rent Receiv c/o Eva K. Carey, Esq. Windels Marx Lane & Mittendorf LLP 120 Albany Street Plaza New Brunswick, NJ 08901		Lawsuit for Rent	Contingent Unliquidated Disputed			\$400,514.71
Fulton Bank c/o Archer & Greiner Three Logan Square 1717 Arch Street, Suite 3500 Philadelphia, PA 19103		Judgment				\$255,190.32
Mindray DS USA Inc. 800 MacArthur Blvd Mahwah, NJ 07430						\$162,100.61

Debtor **Endo Surgical Center of North Jersey**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
<b>Everbank Commerical Finance Inc.</b> c/o Mark E. Thompson, Esq. Law Offices of Thomas A Buonocore PC 1719 Route 10, Suite 301 Parsippany, NJ 07054		<b>Judgment</b>				<b>\$149,780.03</b>
<b>Leaf Financial</b> 68 S Service Road Melville, NY 11747						<b>\$146,036.06</b>
<b>New Logic</b> 1295 67th Street Emeryville, CA 94608						<b>\$132,436.50</b>
<b>Can Capital</b> c/o Vital Recovery Services LLC PO Box 923747 Norcross, GA 30010		<b>Judgment</b>				<b>\$115,072.88</b>
<b>Yellowstone Capital</b> 1 Evertrust Plaza Jersey City, NJ 07302						<b>\$112,425.17</b>
<b>Boston Scientific Corporation</b> 300 Boston Scientific Way Marlborough, MA 01752		<b>Lawsuit</b>				<b>\$89,609.75</b>
<b>Henry Schein</b> c/o Heitner & Breitstein PC 26 Court Street #304 Brooklyn, NY 11242		<b>Lawsuit</b>				<b>\$88,000.00</b>
<b>Cole Schotz</b> 25 Main Street Hackensack, NJ 07601						<b>\$76,820.58</b>
<b>Covidien Safes LLC</b> 480 Washington Blvd Jersey City, NJ 07310						<b>\$72,648.04</b>

Debtor **Endo Surgical Center of North Jersey**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Montclair Anesthesia Associates PC c/o Christopher Hilboki, Esq 1 University Plaza Dr Hackensack, NJ 07601		Lawsuit				\$62,090.00
McKesson Medical-Surgical 9954 Mayland Drive Henrico, VA 23233						\$41,430.07
Reshape Medical Inc 236 Avenida Fabricante Suite 201 San Clemente, CA 92672-5202						\$39,150.80
GE Healthcare 618 Wall Street Ridgewood, NJ 07450						\$36,143.15
Medline Industries Inc 30 Germantown Road #2 Danbury, CT 06810		Judgment				\$35,294.92
Lakeland Bank 9 Polifly Road Hackensack, NJ 07601						\$32,740.73

Fill in this information to identify the case:

Debtor name **Endo Surgical Center of North Jersey**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

**Official Form 206Sum  
Summary of Assets and Liabilities for Non-Individuals**

**12/15**

**Part 1: Summary of Assets**

**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

**1a. Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

**1b. Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **1,170,680.54**

**1c. Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **1,170,680.54**

**Part 2: Summary of Liabilities**

**2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **12,265,896.04**

**3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

**3a. Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **452,035.56**

**3b. Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **3,772,736.72**

**4. Total liabilities** .....

Lines 2 + 3a + 3b

\$ **16,490,668.32**

Fill in this information to identify the case:

Debtor name Endo Surgical Center of North Jersey

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206A/B

### Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. **Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. <u>Chase Bank</u>	<u>Business Checking</u>	<u>2898</u>	<u>\$4,734.00</u>
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3.2. <u>Bank of America</u>	<u>Business Checking</u>	<u>3015</u>	<u>\$3,803.54</u>
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3.3. <u>Valley National Bank</u>	<u>Business Checking</u>	<u>3390</u>	<u>\$643.00</u>
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4. **Other cash equivalents (Identify all)**

5. **Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$9,180.54

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

No. Go to Part 4.

Official Form 206A/B

Schedule A/B Assets - Real and Personal Property

page 1

Debtor Endo Surgical Center of North Jersey  
Name \_\_\_\_\_

Case number (*If known*) \_\_\_\_\_

Yes Fill in the information below.

11. **Accounts receivable**

11b. Over 90 days old:	<u>1,100,000.00</u>	-	<u>0.00</u> =....	<u>\$1,100,000.00</u>
	face amount		doubtful or uncollectible accounts	

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$1,100,000.00

**Part 4: Investments**

13. **Does the debtor own any investments?**

No. Go to Part 5.

Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. **Does the debtor own any inventory (excluding agriculture assets)?**

No. Go to Part 6.

Yes Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19. <b>Raw materials</b>				
20. <b>Work in progress</b>				
21. <b>Finished goods, including goods held for resale</b>				
22. <b>Other inventory or supplies</b> <u>To Be Provided</u>		<u>Unknown</u>		<u>Unknown</u>

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$0.00

24. **Is any of the property listed in Part 5 perishable?**

No

Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

No

Yes. Book value \_\_\_\_\_

Valuation method \_\_\_\_\_

Current Value \_\_\_\_\_

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

No

Yes

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**

No. Go to Part 7.

Yes Fill in the information below.

Debtor Endo Surgical Center of North Jersey \_\_\_\_\_ Case number (*If known*) \_\_\_\_\_  
 Name \_\_\_\_\_

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.  
 Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---------------------	--	---	------------------------------------

39. **Office furniture**  
To Be Provided \_\_\_\_\_ Unknown \_\_\_\_\_ Unknown \_\_\_\_\_

40. **Office fixtures**  
To Be Provided \_\_\_\_\_ Unknown \_\_\_\_\_ Unknown \_\_\_\_\_

41. **Office equipment, including all computer equipment and communication systems equipment and software**  
4 Desktop Computers and 8 Laptops \_\_\_\_\_ \$0.00 \_\_\_\_\_ \$1,500.00 \_\_\_\_\_

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.** \_\_\_\_\_ \$1,500.00 \_\_\_\_\_  
 Add lines 39 through 42. Copy the total to line 86.

44. Is a depreciation schedule available for any of the property listed in Part 7?

No  
 Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

No  
 Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.  
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
---	--	---	------------------------------------

47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. Mercedes Benz R350 \_\_\_\_\_ \$0.00 \_\_\_\_\_ \$15,000.00 \_\_\_\_\_

47.2. Mercedes Benz R350 \_\_\_\_\_ \$0.00 \_\_\_\_\_ \$15,000.00 \_\_\_\_\_

47.3. Range Rover \_\_\_\_\_ \$0.00 \_\_\_\_\_ \$30,000.00 \_\_\_\_\_

Debtor	<u>Endo Surgical Center of North Jersey</u> Name	Case number ( <i>If known</i> )	
48.	<b>Watercraft, trailers, motors, and related accessories</b> <i>Examples:</i> Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels		
49.	<b>Aircraft and accessories</b>		
50.	<b>Other machinery, fixtures, and equipment (excluding farm machinery and equipment)</b> <u>To Be Provided</u>	<u>Unknown</u>	<u>Unknown</u>

51.	<b>Total of Part 8.</b>	<u>\$60,000.00</u>
	Add lines 47 through 50. Copy the total to line 87.	
52.	<b>Is a depreciation schedule available for any of the property listed in Part 8?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
53.	<b>Has any of the property listed in Part 8 been appraised by a professional within the last year?</b>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 9: Real property**

54. Does the debtor own or lease any real property?

No. Go to Part 10.  
 Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.  
 Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?  
Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.  
 Yes Fill in the information below.

Debtor Endo Surgical Center of North Jersey  
Name \_\_\_\_\_

Case number (*If known*) \_\_\_\_\_

Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<u>\$9,180.54</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$1,100,000.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$1,500.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$60,000.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<u>\$0.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<u>\$1,170,680.54</u>	+ 91b. <u>\$0.00</u>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<u>\$1,170,680.54</u>

Fill in this information to identify the case:

Debtor name Endo Surgical Center of North JerseyUnited States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

 Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property**

12/15

Be as complete and accurate as possible.

**1. Do any creditors have claims secured by debtor's property?**

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

**Part 1: List Creditors Who Have Secured Claims**

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim	Column B Value of collateral that supports this claim
2.1	<p><b>Chase Auto Finance</b> Creditor's Name</p> <p><b>PO Box 901076</b> <b>Fort Worth, TX 76101-2076</b> Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b> <b>1627</b></p> <p>Do multiple creditors have an interest in the same property?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.</p>	<p>Describe debtor's property that is subject to a lien <b>Range Rover</b></p> <p>Describe the lien <b>Automobile Loan</b></p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p>	<p><b>\$24,896.04</b></p> <p><b>\$30,000.00</b></p>
2.2	<p><b>First Commerce Bank</b> Creditor's Name</p> <p><b>c/o Windels Marx Lane &amp; Mittendorf, LLP</b> <b>120 Albany Street Plaza</b> <b>New Brunswick, NJ 08901</b> Creditor's mailing address</p> <p>Creditor's email address, if known</p> <p><b>Date debt was incurred</b></p> <p><b>Last 4 digits of account number</b></p> <p>Do multiple creditors have an interest in the same property?</p>	<p>Describe debtor's property that is subject to a lien <b>Blanket Lien</b></p> <p>Describe the lien <b>Judgment Lien</b></p> <p>Is the creditor an insider or related party?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p>Is anyone else liable on this claim?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H)</p> <p>As of the petition filing date, the claim is:</p> <p>Check all that apply</p>	<p><b>\$12,241,000.00</b></p> <p><b>Unknown</b></p>

Debtor Endo Surgical Center of North Jersey  
Name \_\_\_\_\_

Case number (if known) \_\_\_\_\_

No  
 Yes. Specify each creditor,  
including this creditor and its relative  
priority.

Contingent  
 Unliquidated  
 Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$12,265,896.  
04**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did  
you enter the related creditor?

Last 4 digits of  
account number for  
this entity

Fill in this information to identify the case:

Debtor name Endo Surgical Center of North Jersey

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.

Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	<p>Priority creditor's name and mailing address  <b>Internal Revenue Serbice PO Box 7346 Philadelphia, PA 19101-7346</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>Unknown</b> <b>\$0.00</b>
2.2	<p>Priority creditor's name and mailing address  <b>New Jersey Dept. Labor &amp; Workforce Devel Div. of Unemployment &amp; Disability Ins. Bankrutpcy Unit 1 John Fitch Plaza, PO Box 951 Trenton, NJ 08611-0951</b></p> <p>Date or dates debt was incurred</p> <p>Last 4 digits of account number</p> <p>Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)</p>	<p>As of the petition filing date, the claim is:  <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim:</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<b>Unknown</b> <b>\$0.00</b>

Debtor

**Endo Surgical Center of North Jersey**

Name

Case number (if known)

2.3	Priority creditor's name and mailing address <b>New Jersey Dept. of Labor Division of Employer Accounts 1 John Fitch Plaza PO Box 379 Trenton, NJ 08611-0379</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>\$0.00</b>
Date or dates debt was incurred		Basis for the claim:		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				
2.4 Priority creditor's name and mailing address <b>New Jersey, Division of Taxation Compliance &amp; Enforcement - Bankruptcy 50 Barrack Street, 9th Fl. PO Box 245 Trenton, NJ 08695-0267</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>Unknown</b>	<b>Unknown</b>
Date or dates debt was incurred		Basis for the claim: <b>Payroll Taxes</b>		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				
2.5 Priority creditor's name and mailing address <b>Nw Jersey, Treasurer 50 Barrack Street Trenton, NJ 08608</b>		As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$452,035.56</b>	<b>\$452,035.56</b>
Date or dates debt was incurred		Basis for the claim: <b>Taxes</b>		
Last 4 digits of account number		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)				

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	Nonpriority creditor's name and mailing address <b>Ability Network Inc 100 North 6th Street Suite 900A Minneapolis, MN 55403</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,200.00</b>
3.2	Nonpriority creditor's name and mailing address <b>Advanced Collection Inc. PO Box 6031 Clifton, NJ 07015</b>  Date(s) debt was incurred _____  Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$691.45</b>

Debtor Endo Surgical Center of North Jersey

Case number (if known) \_\_\_\_\_

3.3	Nonpriority creditor's name and mailing address <b>AGL Inhalation Therapy Co</b> 600 US 46 Clifton, NJ 07013	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$691.45</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.4	Nonpriority creditor's name and mailing address <b>All Security Locksmiths LLC</b> 842 Clifton Avenue Suite 3 Clifton, NJ 07013	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$347.75</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.5	Nonpriority creditor's name and mailing address <b>Allied World Assurance Co</b> 199 Water Street #24 New York, NY 10038	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$6,473.02</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.6	Nonpriority creditor's name and mailing address <b>AllState Fire Technologies Inc.</b> 289 Sherman Avenue Newark, NJ 07114	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$615.19</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.7	Nonpriority creditor's name and mailing address <b>Amkai Solutions</b> 200 Business Park Suite 208 Armonk, NY 10504	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$0.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.8	Nonpriority creditor's name and mailing address <b>Amniox Medical Inc.</b> 2849 Paces Ferry Road SE #750 Atlanta, GA 30339	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$800.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.9	Nonpriority creditor's name and mailing address <b>Anthony Mancini</b> 170 Frank Lane Paramus, NJ 07652	As of the petition filing date, the claim is: <i>Check all that apply.</i>	<b>\$143,500.00</b>
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	<b>Basis for the claim:</b> <u>Lawsuit</u>		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.10	<b>Nonpriority creditor's name and mailing address</b> <b>Applied Biologics</b> <b>Dept 3517</b> <b>PO Box 123517</b> <b>Dallas, TX 75312-3517</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.11	<b>Nonpriority creditor's name and mailing address</b> <b>Arrow Elevator</b> <b>230 Richardson Street</b> <b>Brooklyn, NY 11222</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,491.38</b>
3.12	<b>Nonpriority creditor's name and mailing address</b> <b>Arrow International Inc</b> <b>c/o Heitner &amp; Breitstein PC</b> <b>28 N Main Street</b> <b>Marlboro, NJ 07746</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Judgment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,152.01</b>
3.13	<b>Nonpriority creditor's name and mailing address</b> <b>Arthrex Inc</b> <b>1370 Creekside Boulevard</b> <b>Naples, FL 34108-1945</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,063.69</b>
3.14	<b>Nonpriority creditor's name and mailing address</b> <b>Baxter Healthcare Corp</b> <b>511 Commerce Street</b> <b>Franklin Lakes, NJ 07417</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$535.66</b>
3.15	<b>Nonpriority creditor's name and mailing address</b> <b>Bell Consulting LLC</b> <b>445 Co Road 291</b> <b>Rifle, CO 81650</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$500.00</b>
3.16	<b>Nonpriority creditor's name and mailing address</b> <b>Benigno's Tire Exchange Inc.</b> <b>60 Jewell Street</b> <b>Garfield, NJ 07026</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,110.27</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.17	<b>Nonpriority creditor's name and mailing address</b> <b>Bergenline Medical Supplies</b> <b>2115 Bergenline Avenue</b> <b>Union City, NJ 07087</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,056.39</b>
3.18	<b>Nonpriority creditor's name and mailing address</b> <b>Billco LLC</b> <b>220 S Ridgedate Avenue #B2</b> <b>Florham Park, NJ 07932</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$554.58</b>
3.19	<b>Nonpriority creditor's name and mailing address</b> <b>Biomed Associates Inc.</b> <b>4 E Main Street</b> <b>Flemington, NJ 08822</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,550.00</b>
3.20	<b>Nonpriority creditor's name and mailing address</b> <b>Biomed Technologies Inc.</b> <b>111 Howard Blvd #100b</b> <b>Mount Arlington, NJ 07856</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,008.40</b>
3.21	<b>Nonpriority creditor's name and mailing address</b> <b>Biomet Spine</b> <b>310 Interlocken Parkway, Suite 120</b> <b>Broomfield, CO 80021</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,017.27</b>
3.22	<b>Nonpriority creditor's name and mailing address</b> <b>Boston Scientific Corporation</b> <b>300 Boston Scientific Way</b> <b>Marlborough, MA 01752</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$89,609.75</b>
3.23	<b>Nonpriority creditor's name and mailing address</b> <b>Bracco Diagnostics Inc.</b> <b>PO Box 978952</b> <b>Dallas, TX 75397</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,073.25</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.24	<b>Nonpriority creditor's name and mailing address</b> <b>Can Capital</b> <b>c/o Vital Recovery Services LLC</b> <b>PO Box 923747</b> <b>Norcross, GA 30010</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Judgment</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$115,072.88</b>
3.25	<b>Nonpriority creditor's name and mailing address</b> <b>CC Corporate Storage</b> <b>1 Ackerman Avenue</b> <b>Clifton, NJ 07011</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,678.02</b>
3.26	<b>Nonpriority creditor's name and mailing address</b> <b>Citrin Cooperman</b> <b>529 Fifth Avenue</b> <b>New York, NY 10017</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$12,615.50</b>
3.27	<b>Nonpriority creditor's name and mailing address</b> <b>Clifton Sunoco</b> <b>956 Van Houten Avenue</b> <b>Clifton, NJ 07013</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,043.95</b>
3.28	<b>Nonpriority creditor's name and mailing address</b> <b>Clifton Ultra Sunoco</b> <b>956 Van Houten Avenue</b> <b>Clifton, NJ 07013</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$601.49</b>
3.29	<b>Nonpriority creditor's name and mailing address</b> <b>Clifton, City of</b> <b>900 Clifton Avenue</b> <b>Clifton, NJ 07013</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,246.38</b>
3.30	<b>Nonpriority creditor's name and mailing address</b> <b>Clifton, City of</b> <b>Sewer Dept.</b> <b>PO Box 51070</b> <b>Newark, NJ 07101-5170</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,216.56</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.31	<b>Nonpriority creditor's name and mailing address</b> <b>Cole Schotz</b> <b>25 Main Street</b> <b>Hackensack, NJ 07601</b>  <b>Date(s) debt was incurred</b> <u>  </u>  <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$76,820.58</b>
3.32	<b>Nonpriority creditor's name and mailing address</b> <b>Colonial Pharmacy</b> <b>828 Clifton Avenue</b> <b>Clifton, NJ 07013</b>  <b>Date(s) debt was incurred</b> <u>  </u>  <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,084.73</b>
3.33	<b>Nonpriority creditor's name and mailing address</b> <b>Cook Medical Incorporated</b> <b>22988 Network Place</b> <b>Chicago, IL 60673</b>  <b>Date(s) debt was incurred</b> <u>  </u>  <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,363.43</b>
3.34	<b>Nonpriority creditor's name and mailing address</b> <b>Corrado's Garden Center</b> <b>600 Getty Avenue</b> <b>Clifton, NJ 07011</b>  <b>Date(s) debt was incurred</b> <u>  </u>  <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$431.65</b>
3.35	<b>Nonpriority creditor's name and mailing address</b> <b>Covidien Safes LLC</b> <b>480 Washington Blvd</b> <b>Jersey City, NJ 07310</b>  <b>Date(s) debt was incurred</b> <u>  </u>  <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$72,648.04</b>
3.36	<b>Nonpriority creditor's name and mailing address</b> <b>CQ Fluency Inc.</b> <b>2 University Plaza, Suite 406</b> <b>Hackensack, NJ 07601</b>  <b>Date(s) debt was incurred</b> <u>  </u>  <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$507.00</b>
3.37	<b>Nonpriority creditor's name and mailing address</b> <b>Crothall Healthcare</b> <b>13028 Collection Center Drive</b> <b>Chicago, IL 60693</b>  <b>Date(s) debt was incurred</b> <u>  </u>  <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,299.43</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.38	<b>Nonpriority creditor's name and mailing address</b> <b>Custom Ultrasonics Inc.</b> <b>c/o Recovery Solutions Group LLC</b> <b>1008 Mattlind Way</b> <b>Milford, DE 19963</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,282.05</b>
3.39	<b>Nonpriority creditor's name and mailing address</b> <b>Deanco Building Solutions Inc</b> <b>208 Lenox Avenue</b> <b>Westfield, NJ 07090</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,740.64</b>
3.40	<b>Nonpriority creditor's name and mailing address</b> <b>DeGrado Halkovich LLC</b> <b>2 University Plaza, Suite 400</b> <b>Hackensack, NJ 07601</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,025.00</b>
3.41	<b>Nonpriority creditor's name and mailing address</b> <b>DocEconomics Inc.</b> <b>1401 Constitution Avenue NW</b> <b>Washington, DC 20230</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,203.77</b>
3.42	<b>Nonpriority creditor's name and mailing address</b> <b>DVCO</b> <b>999 Clifton Avenue</b> <b>Clifton, NJ 07013</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Unpaid Rent</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$720,000.00</b>
3.43	<b>Nonpriority creditor's name and mailing address</b> <b>EBS Medical Chart Solutions</b> <b>151 North Main Street, Suite 405</b> <b>New City, NY 10956</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,760.00</b>
3.44	<b>Nonpriority creditor's name and mailing address</b> <b>EI Especial</b> <b>3711 Hudson Avenue</b> <b>Union City, NJ 07087</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,670.92</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)
3.45	<p>Nonpriority creditor's name and mailing address  <b>Epimed</b>  <b>141 Sal Landrio Drive</b>  <b>Crossroad Business Park</b>  <b>Johnstown, NY 12095</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: _____</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.46	<p>Nonpriority creditor's name and mailing address  <b>Everbank Commerical Finance Inc.</b>  <b>c/o Mark E. Thompson, Esq.</b>  <b>Law Offices of Thomas A Buonocore PC</b>  <b>1719 Route 10, Suite 301</b>  <b>Parsippany, NJ 07054</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: <u>Judgment</u></b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.47	<p>Nonpriority creditor's name and mailing address  <b>Extra Space Storage</b>  <b>515 Broad Street</b>  <b>Clifton, NJ 07014</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: <u>Storage Unit</u></b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.48	<p>Nonpriority creditor's name and mailing address  <b>FiberTech Medical USA</b>  <b>1533 Monument Street</b>  <b>Concord, MA 01742</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: _____</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.49	<p>Nonpriority creditor's name and mailing address  <b>ForTec Medical</b>  <b>PO Box 951147</b>  <b>Cleveland, OH 44193</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: _____</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.50	<p>Nonpriority creditor's name and mailing address  <b>Fortis Commercial Cleaning</b>  <b>223 Lakewood Drive</b>  <b>Bloomfield, NJ 07003</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: _____</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.51	<p>Nonpriority creditor's name and mailing address  <b>Frier Levitt LLC</b>  <b>64 Bloomfield Avenue</b>  <b>Pine Brook, NJ 07058</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: _____</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)
3.52	<p>Nonpriority creditor's name and mailing address  <b>Fulton Bank</b>  <b>c/o Archer &amp; Greiner</b>  <b>Three Logan Square</b>  <b>1717 Arch Street, Suite 3500</b>  <b>Philadelphia, PA 19103</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: <u>Judgment</u></b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>\$255,190.32</b>
3.53	<p>Nonpriority creditor's name and mailing address  <b>Garden State Irrigation Inc.</b>  <b>500 West Main Street, Suite 5</b>  <b>Wyckoff, NJ 07481</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: __</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>\$680.50</b>
3.54	<p>Nonpriority creditor's name and mailing address  <b>GE Capital</b>  <b>Wells Fargo Vendor Fin Service</b>  <b>PO Box 70239</b>  <b>Philadelphia, PA 19178-0239</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: __</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>\$2,460.16</b>
3.55	<p>Nonpriority creditor's name and mailing address  <b>GE Healthcare</b>  <b>618 Wall Street</b>  <b>Ridgewood, NJ 07450</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: __</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>\$36,143.15</b>
3.56	<p>Nonpriority creditor's name and mailing address  <b>Gerald Recioppi</b>  <b>975 Clifton Avenue</b>  <b>18 Hook Mountain Road, Suite 201</b>  <b>Clifton, NJ 07013</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: <u>Lawsuit</u></b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>\$160,000.00</b>
3.57	<p>Nonpriority creditor's name and mailing address  <b>Gerstel Medical</b>  <b>20 Quaker Road</b>  <b>Short Hills, NJ 07078</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: __</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>\$415.82</b>
3.58	<p>Nonpriority creditor's name and mailing address  <b>GI Supply</b>  <b>200 Grandview Avenue</b>  <b>Camp Hill, PA 17011</b></p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number __</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim: __</b></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
		<b>\$561.00</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)
3.59	<b>Nonpriority creditor's name and mailing address</b> <b>Global Health Care Services Inc</b> <b>39018 Treasury Center</b> <b>Chicago, IL 60694-9000</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.60	<b>Nonpriority creditor's name and mailing address</b> <b>Global Star</b> <b>1901 E 50th Street</b> <b>Texarkana, AR 71854</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.61	<b>Nonpriority creditor's name and mailing address</b> <b>Great American Leasing Corporation</b> <b>PO Box 660831</b> <b>Dallas, TX 75266-0831</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.62	<b>Nonpriority creditor's name and mailing address</b> <b>Halyard Sales LLC</b> <b>PO Box 73583</b> <b>Dallas, TX 75373-2583</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.63	<b>Nonpriority creditor's name and mailing address</b> <b>Henry Schein</b> <b>c/o Heitner &amp; Breitstein PC</b> <b>26 Court Street #304</b> <b>Brooklyn, NY 11242</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.64	<b>Nonpriority creditor's name and mailing address</b> <b>Higher Images</b> <b>368 Commercial Street</b> <b>Bridgeville, PA 15017</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.65	<b>Nonpriority creditor's name and mailing address</b> <b>Image First</b> <b>Po Box 61323</b> <b>King of Prussia, PA 19406</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)
3.66	<b>Nonpriority creditor's name and mailing address</b> <b>Interstate Waste Services</b> <b>PO Box 554046</b> <b>Detroit, MI 48255-4046</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.67	<b>Nonpriority creditor's name and mailing address</b> <b>JDJ Consulting LLC</b> <b>6 North Synott Avenue</b> <b>Wenonah, NJ 08090</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.68	<b>Nonpriority creditor's name and mailing address</b> <b>John Ware/Clifton Sunoco</b> <b>c/o Law Office of Anthony Barbieri</b> <b>832 Clifton Avenue</b> <b>Clifton, NJ 07013</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.69	<b>Nonpriority creditor's name and mailing address</b> <b>Johnson &amp; Johnson Healthcare</b> <b>c/o Biehl &amp; Biehl, Inc.</b> <b>325 East Fullerton Avenue</b> <b>Carol Stream, IL 60188</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	<b>Nonpriority creditor's name and mailing address</b> <b>Joint Restoration Foundation</b> <b>6276 South Troy Circle</b> <b>Englewood, CO 80111</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	<b>Nonpriority creditor's name and mailing address</b> <b>JRF Ortho</b> <b>6278 South Troy Circle</b> <b>Englewood, CO 80111</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	<b>Nonpriority creditor's name and mailing address</b> <b>Kimberly-Clark</b> <b>PO Box 88125</b> <b>Chicago, IL 60695-0002</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.73	<p>Nonpriority creditor's name and mailing address  <b>Lakeland Bank</b>  <b>9 Polifly Road</b>  <b>Hackensack, NJ 07601</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$32,740.73</b>
3.74	<p>Nonpriority creditor's name and mailing address  <b>Law Office of Jeffrey Randolph LLC</b>  <b>139 Harristown Road, Suite 205</b>  <b>Glen Rock, NJ 07452</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$6,680.49</b>
3.75	<p>Nonpriority creditor's name and mailing address  <b>Lawrence J. Thomson, Ct Appt Rent Receiv</b>  <b>c/o Eva K. Carey, Esq.</b>  <b>Windels Marx Lane &amp; Mittendorf LLP</b>  <b>120 Albany Street Plaza</b>  <b>New Brunswick, NJ 08901</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>Lawsuit for Rent</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$400,514.71</b>
3.76	<p>Nonpriority creditor's name and mailing address  <b>Leaf Financial</b>  <b>68 S Service Road</b>  <b>Melville, NY 11747</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$146,036.06</b>
3.77	<p>Nonpriority creditor's name and mailing address  <b>Liberty Mutual Ins. Co</b>  <b>2501 Willington Road</b>  <b>New Castle, PA 16105</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$5,544.19</b>
3.78	<p>Nonpriority creditor's name and mailing address  <b>Louis Giasullo, DC</b>  <b>PO Box 836</b>  <b>18 Hook Mountain Road, Suite 201</b>  <b>West Caldwell, NJ 07006</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>Lawsuit</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$251,250.00</b>
3.79	<p>Nonpriority creditor's name and mailing address  <b>Marquis Healthcare Technologies</b>  <b>4459 Amboy Road, Suite 4</b>  <b>Staten Island, NY 10312</b></p> <p>Date(s) debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> _____</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<b>\$1,800.00</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>Marsha Cohen RN</b> <b>11 Cooper Avenue #302</b> <b>Long Branch, NJ 07740</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>McKesson Medical-Surgical</b> <b>9954 Mayland Drive</b> <b>Henrico, VA 23233</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$41,430.07</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>MD Reports</b> <b>1110 South Avenue</b> <b>Staten Island, NY 10314</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,140.00</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>Meadowlands Electronics</b> <b>320 Essex Street Suite 3</b> <b>Stirling, NJ 07980</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$856.00</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>Medical Staff Office</b> <b>Chilton Hospital</b> <b>97 West Parkway</b> <b>Pompton Plains, NJ 07444</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$200.00</b>
3.85	<b>Nonpriority creditor's name and mailing address</b> <b>Medivators NW 9841</b> <b>PO Box 1450</b> <b>Minneapolis, MN 55485</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,034.64</b>
3.86	<b>Nonpriority creditor's name and mailing address</b> <b>Medline Industries Inc</b> <b>30 Gernmantown Road #2</b> <b>Danbury, CT 06810</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$35,294.92</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)
3.87	<b>Nonpriority creditor's name and mailing address</b> <b>Medtronic USA</b> <b>4542 Collection Center Drive</b> <b>Chicago, IL 60693-0046</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$9,659.68</b>
3.88	<b>Nonpriority creditor's name and mailing address</b> <b>Metro MSP LLC</b> <b>8 Woodhollow Road</b> <b>Parsippany, NJ 07054</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$4,512.99</b>
3.89	<b>Nonpriority creditor's name and mailing address</b> <b>Mindray DS USA Inc.</b> <b>800 MacArthur Blvd</b> <b>Mahwah, NJ 07430</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$162,100.61</b>
3.90	<b>Nonpriority creditor's name and mailing address</b> <b>Miron Technologies Inc.</b> <b>PO Box 101301</b> <b>Pasadena, CA 91189</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$1,000.00</b>
3.91	<b>Nonpriority creditor's name and mailing address</b> <b>Mitel Leasing</b> <b>PO Box 972448</b> <b>Dallas, TX 75397-2448</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$2,796.49</b>
3.92	<b>Nonpriority creditor's name and mailing address</b> <b>Mitel Technologies Inc.</b> <b>Department 7084</b> <b>Carol Stream, IL 60122-7084</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$403.39</b>
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>Montclair Anesthesia Associates PC</b> <b>c/o Christopher Hilboki, Esq</b> <b>1 University Plaza Dr</b> <b>Hackensack, NJ 07601</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
		<b>\$62,090.00</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>NCI</b> <b>48 3rd Street</b> <b>Kearny, NJ 07032</b> <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,517.67</b>
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>Neuro Therm Inc.</b> <b>30 Upton Drive Suite 2</b> <b>Wilmington, MA 01887</b> <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,085.86</b>
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>New Logic</b> <b>1295 67th Street</b> <b>Emeryville, CA 94608</b> <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$132,436.50</b>
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>North Media Group</b> <b>1 Garret Mountain Plaza</b> <b>Little Falls, NJ 07424</b> <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$163.00</b>
3.98	<b>Nonpriority creditor's name and mailing address</b> <b>Northwestern Mutual</b> <b>PO Box 3009</b> <b>Milwaukee, WI 53201-3009</b> <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>0130</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$552.92</b>
3.99	<b>Nonpriority creditor's name and mailing address</b> <b>Nuance Communications Inc.</b> <b>PO Box 7247-6924</b> <b>Philadelphia, PA 19170-6924</b> <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$10,645.82</b>
3.100	<b>Nonpriority creditor's name and mailing address</b> <b>Olympus America Inc</b> <b>Box 200194</b> <b>Pittsburgh, PA 15251-0194</b> <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>  </u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,729.46</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)
3.101	<b>Nonpriority creditor's name and mailing address</b> <b>On Deck Capital Inc</b> <b>901 N Stuart Street, Suite 700</b> <b>Arlington, VA 22203</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.102	<b>Nonpriority creditor's name and mailing address</b> <b>Optum360</b> <b>PO Box 8850</b> <b>Chicago, IL 60680</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$590.39</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.103	<b>Nonpriority creditor's name and mailing address</b> <b>Panasonic Finance Solutions</b> <b>PO Box 12438</b> <b>Newark, NJ 07101-3538</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$689.36</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.104	<b>Nonpriority creditor's name and mailing address</b> <b>Passaic Valley Water 7236</b> <b>1525 Main Avenue</b> <b>Clifton, NJ 07011</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$806.86</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.105	<b>Nonpriority creditor's name and mailing address</b> <b>Passaic Valley Water Commission</b> <b>1525 Main Avenue</b> <b>Clifton, NJ 07011</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$1,538.75</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Unpaid Utility Bill</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.106	<b>Nonpriority creditor's name and mailing address</b> <b>Paulison Car Wash &amp; Detailing Inc.</b> <b>1041 Paulison Avenue</b> <b>Clifton, NJ 07011</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$647.56</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.107	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Global Financial Services L</b> <b>PO Box 371887</b> <b>Pittsburgh, PA 15250-7887</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <b>\$696.00</b> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.108	<b>Nonpriority creditor's name and mailing address</b> <b>Pitney Bowes Purchase Power</b> <b>PO Box 371874</b> <b>Pittsburgh, PA 15250-7874</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,364.06</b>
3.109	<b>Nonpriority creditor's name and mailing address</b> <b>Positive Outcomes Consulting LLC</b> <b>106 Apple Street Suite 200W</b> <b>Eatontown, NJ 07724</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,880.00</b>
3.110	<b>Nonpriority creditor's name and mailing address</b> <b>Precision Billing &amp; Consulting Services</b> <b>940 Main Street</b> <b>Hackensack, NJ 07601</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
3.111	<b>Nonpriority creditor's name and mailing address</b> <b>Premier Plus</b> <b>326 North 14th Street</b> <b>Kenilworth, NJ 07033</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$393.51</b>
3.112	<b>Nonpriority creditor's name and mailing address</b> <b>Premium RX National LLC</b> <b>15722 Crabbs Branch Way</b> <b>Derwood, MD 20855</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,675.65</b>
3.113	<b>Nonpriority creditor's name and mailing address</b> <b>Prescott's Inc.</b> <b>18940 Microscope Way</b> <b>Monument, CO 80132</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$368.99</b>
3.114	<b>Nonpriority creditor's name and mailing address</b> <b>Professional Transcription Co - PTC</b> <b>PO Box 120330</b> <b>Staten Island, NY 10312</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$18,165.32</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.115	<b>Nonpriority creditor's name and mailing address</b> <b>Proforma Spectrum Graphics Unlimited</b> <b>373 US 46 #130</b> <b>Fairfield, NJ 07004</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$426.57</b>
3.116	<b>Nonpriority creditor's name and mailing address</b> <b>Progressive Drive Insurance</b> <b>PO Box 105428</b> <b>Atlanta, GA 30348</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,948.25</b>
3.117	<b>Nonpriority creditor's name and mailing address</b> <b>PSE&amp;G</b> <b>PO Box 14444</b> <b>New Brunswick, NJ 08906</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,480.98</b>
3.118	<b>Nonpriority creditor's name and mailing address</b> <b>Reshape Medical Inc</b> <b>236 Avenida Fabricante Suite 201</b> <b>San Clemente, CA 92672-5202</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$39,150.80</b>
3.119	<b>Nonpriority creditor's name and mailing address</b> <b>Richard Wolf Medical</b> <b>2573 Momentum Place</b> <b>Chicago, IL 60689</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,395.36</b>
3.120	<b>Nonpriority creditor's name and mailing address</b> <b>Roth Toscano &amp; Amato</b> <b>80 Route 4 East, Suite 150</b> <b>Paramus, NJ 07652</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,775.25</b>
3.121	<b>Nonpriority creditor's name and mailing address</b> <b>Salerno Technologies</b> <b>PO Box 807</b> <b>Union, NJ 07083</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$11,150.25</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.122	<b>Nonpriority creditor's name and mailing address</b> <b>Scales Medical Technologies Inc.</b> <b>110 Voice Road</b> <b>Carle Place, NY 11514</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$480.94</b>
3.123	<b>Nonpriority creditor's name and mailing address</b> <b>Sharpe Kawam Carmosino &amp; Co LLC</b> <b>1 Mars Court, Suite 1</b> <b>Boonton, NJ 07005</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,750.00</b>
3.124	<b>Nonpriority creditor's name and mailing address</b> <b>Shred It USA LLC</b> <b>81 Walsh Drive</b> <b>Parsippany, NJ 07054-1010</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$777.67</b>
3.125	<b>Nonpriority creditor's name and mailing address</b> <b>Smith &amp; Nephew Inc</b> <b>PO Box 60333</b> <b>Charlotte, NC 28260-0333</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$20,671.04</b>
3.126	<b>Nonpriority creditor's name and mailing address</b> <b>Son Rise</b> <b>615 Westfield Avenue West</b> <b>Roselle Park, NJ 07204</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,504.28</b>
3.127	<b>Nonpriority creditor's name and mailing address</b> <b>SpineView Inc.</b> <b>48810 Kato Road, Suite 110E</b> <b>Fremont, CA 94538</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,943.70</b>
3.128	<b>Nonpriority creditor's name and mailing address</b> <b>Staples</b> <b>PO Box 415256</b> <b>Boston, MA 02241</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,532.19</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)
3.129	<b>Nonpriority creditor's name and mailing address</b> <b>Staples Advantage</b> <b>PO Box 415256</b> <b>Boston, MA 02241-5256</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.130	<b>Nonpriority creditor's name and mailing address</b> <b>Staples Credit Plan</b> <b>Dept 51 7812524386</b> <b>PO Box 78004</b> <b>Phoenix, AZ 85062-8004</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.131	<b>Nonpriority creditor's name and mailing address</b> <b>Stericycle</b> <b>P O Box 6582</b> <b>Carol Stream, IL 60197</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.132	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Endoscopy</b> <b>c/o Stryker Saler Corporation</b> <b>PO Box 93276</b> <b>Chicago, IL 60673</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.133	<b>Nonpriority creditor's name and mailing address</b> <b>Stryker Spine</b> <b>21912 Network Place</b> <b>Chicago, IL 60673</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.134	<b>Nonpriority creditor's name and mailing address</b> <b>Surgical Center Information Exchange</b> <b>PO Box 40724</b> <b>Houston, TX 77240</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.135	<b>Nonpriority creditor's name and mailing address</b> <b>Susan Bahrt RN BSN CIC</b> <b>PO Box 96</b> <b>Nazareth, PA 18064</b>  <b>Date(s) debt was incurred</b> _____ <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.136	<b>Nonpriority creditor's name and mailing address</b> <b>The Brownstone</b> <b>351 West Broadway</b> <b>Paterson, NJ 07522</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,619.50</b>
3.137	<b>Nonpriority creditor's name and mailing address</b> <b>The Wheelchair Man Company Inc.</b> <b>281 White Horse Pike</b> <b>Clementon, NJ 08021</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$733.50</b>
3.138	<b>Nonpriority creditor's name and mailing address</b> <b>Todays Business LLC</b> <b>39 Route 46 East Bldg 801</b> <b>Pine Brook, NJ 07058</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,920.00</b>
3.139	<b>Nonpriority creditor's name and mailing address</b> <b>Tri-State Ophthalmics</b> <b>10 Seals Drive</b> <b>Monroe, NY 10950-3949</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,434.00</b>
3.140	<b>Nonpriority creditor's name and mailing address</b> <b>Tyco Integrated Security LLC</b> <b>PO Box 371967</b> <b>Pittsburgh, PA 15250-7967</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,895.45</b>
3.141	<b>Nonpriority creditor's name and mailing address</b> <b>Unitex Textile Rental Corporation</b> <b>c/o O'Brien &amp; Taylor</b> <b>175 Fairfield Avenue #2A</b> <b>Caldwell, NJ 07006</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>Lawsuit</u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,013.01</b>
3.142	<b>Nonpriority creditor's name and mailing address</b> <b>UPS</b> <b>Box 7247</b> <b>Clifton, NJ 07013</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,421.50</b>

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)
3.143	<b>Nonpriority creditor's name and mailing address</b> <b>US Endoscopy</b> <b>5676 Heisley Road</b> <b>Mentor, OH 44060</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.144	<b>Nonpriority creditor's name and mailing address</b> <b>Utica National Insurance Group</b> <b>PO Box 6532</b> <b>Utica, NY 13504</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.145	<b>Nonpriority creditor's name and mailing address</b> <b>Vanwell Electronics</b> <b>320 Essex Street Suite 3</b> <b>Stirling, NJ 07980</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.146	<b>Nonpriority creditor's name and mailing address</b> <b>Verizon Wireless</b> <b>PO Box 408</b> <b>Newark, NJ 07101</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.147	<b>Nonpriority creditor's name and mailing address</b> <b>VMST Corp</b> <b>190 Midland Avenue</b> <b>Saddle Brook, NJ 07663</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.148	<b>Nonpriority creditor's name and mailing address</b> <b>WB Mason Company Inc.</b> <b>535 Secaucus Road</b> <b>Secaucus, NJ 07094</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>  </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.149	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo</b> <b>PO Box 6434</b> <b>Carol Stream, IL 60197-6434</b>  <b>Date(s) debt was incurred</b> <u>  </u> <b>Last 4 digits of account number</b> <u>5001</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u>  </u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)	
3.150	<b>Nonpriority creditor's name and mailing address</b> <b>Wells Fargo Financial Leasing</b> <b>PO Box 6434</b> <b>Carol Stream, IL 60197</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$4,885.32</b>
3.151	<b>Nonpriority creditor's name and mailing address</b> <b>Yellowstone Capital</b> <b>1 Evertrust Plaza</b> <b>Jersey City, NJ 07302</b>  <b>Date(s) debt was incurred</b> _____  <b>Last 4 digits of account number</b> _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> _____  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$112,425.17</b>

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>Caine &amp; Weiner</b> <b>21210 Erwin Street</b> <b>Woodland Hills, CA 91367</b>	Line <u>3.81</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.2	<b>Chase Weiss &amp; Kehoe</b> <b>190 Moore Street</b> <b>Hackensack, NJ 07601</b>	Line <u>3.76</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.3	<b>Clifton, City of</b> <b>Attn: Municipal Attorney</b> <b>900 Clifton Avenue</b> <b>Clifton, NJ 07013</b>	Line <u>3.29</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.4	<b>David C Whitridge, Esq.</b> <b>Thompson O'Brien Kemp &amp; Nasuit PC</b> <b>40 Technology Parkway Sourt, Suite 300</b> <b>Norcross, GA 30092</b>	Line <u>3.101</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.5	<b>Morris &amp; Adelman</b> <b>PO Box 2235</b> <b>Bala Cynwyd, PA 19004</b>	Line <u>3.22</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.6	<b>New Jersey Attorney General Office</b> <b>Division of Law</b> <b>Richard J. Hughes Justice Complex</b> <b>25 Market St, PO Box 112</b> <b>Trenton, NJ 08625-0112</b>	Line <u>2.4</u>  <input type="checkbox"/> Not listed. Explain _____	—
4.7	<b>Peter J. Vazquez, Jr., Esq.</b> <b>The Vazquez Law Firm</b> <b>18 Hook Mountain Road, Suite 201</b> <b>Pine Brook, NJ 07058</b>	Line <u>3.78</u>  <input type="checkbox"/> Not listed. Explain _____	—

Debtor	<b>Endo Surgical Center of North Jersey</b> Name	Case number (if known)
	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?
4.8	Peter J. Vazquez, Jr., Esq. The Vazquez Law Firm 18 Hook Mountain Road, Suite 201 Pine Brook, NJ 07058	Line <u>3.9</u>  <input type="checkbox"/> Not listed. Explain _____
4.9	Peter J. Vazquez, Jr., Esq. The Vazquez Law Firm 18 Hook Mountain Road, Suite 201 Pine Brook, NJ 07058	Line <u>3.56</u>  <input type="checkbox"/> Not listed. Explain _____
4.10	The CKB Firm 30 North LaSalle Street Chicago, IL 60602	Line <u>3.86</u>  <input type="checkbox"/> Not listed. Explain _____
4.11	United States Attorney Peter Rodino Federal Building 970 Broad Street, Suite 700 Newark, NJ 07102	Line <u>2.1</u>  <input type="checkbox"/> Not listed. Explain _____
4.12	United States Attorney General U.S. Dept. of Justice Ben Franklin Station PO Box 683 Washington, DC 20044	Line <u>2.1</u>  <input type="checkbox"/> Not listed. Explain _____

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a. \$	<u>452,035.56</u>
5b. + \$	<u>3,772,736.72</u>
5c. \$	<u>4,224,772.28</u>

Fill in this information to identify the case:

Debtor name Endo Surgical Center of North Jersey

United States Bankruptcy Court for the: DISTRICT OF NEW JERSEY

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

**Lease of Office Space  
at 999 Clifton Avenue,  
Clifton, New Jersey  
07013  
\$30,000 per month  
17 years**

State the term remaining

List the contract number of any government contract

**DVCO  
999 Clifton Avenue  
Clifton, NJ 07013**

2.2. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**To Be Provided**

Fill in this information to identify the case:

Debtor name **Endo Surgical Center of North Jersey**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 206H Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

### 1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.  
 Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **Arthur St. Realty  
LLC**

**First Commerce Bank**

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

2.2 **DVCO**

**999 Clifton Avenue  
Clifton, NJ 07013**

**First Commerce Bank**

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

2.3 **DVCO, LLC**

**999 Clifton Avenue  
Clifton, NJ 07013**

**Lawrence J.  
Thomson, Ct Appt  
Rent Receiv**

D \_\_\_\_\_

E/F 3.75

G \_\_\_\_\_

2.4 **Fox Hedge  
Manor, LLC**

**First Commerce Bank**

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

2.5 **Metropolitan  
Anesthesia, LLC**

**First Commerce Bank**

D 2.2

E/F \_\_\_\_\_

G \_\_\_\_\_

Debtor

**Endo Surgical Center of North Jersey**

Case number (if known) \_\_\_\_\_

**Additional Page to List More Codebtors**

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.  
Column 1: Codebtor      Column 2: Creditor

2.6 **Riverwood  
Surgical Center  
LLC**

**First Commerce Bank**

D 2.2  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.7 **William Focazio,  
MD**      **106 Fox Hedge Road  
Saddle River, NJ 07458**

**First Commerce Bank**

D 2.2  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.8 **William Focazio,  
MD**      **106 Fox Hedge Road  
Saddle River, NJ 07458**

**On Deck Capital Inc**

D \_\_\_\_\_  
 E/F 3.101  
 G \_\_\_\_\_

2.9 **William J.  
Focazio, MD, PA**      **999 Clifton Street  
Clifton, NJ 07013**

**First Commerce Bank**

D 2.2  
 E/F \_\_\_\_\_  
 G \_\_\_\_\_

2.10 **William J.  
Focazio, MD, PA**      **999 Clifton Street  
Clifton, NJ 07013**

**Montclair Anesthesia  
Associates PC**

D \_\_\_\_\_  
 E/F 3.93  
 G \_\_\_\_\_

Fill in this information to identify the case:

Debtor name **Endo Surgical Center of North Jersey**

United States Bankruptcy Court for the: **DISTRICT OF NEW JERSEY**

Case number (if known) \_\_\_\_\_

Check if this is an amended filing

## Official Form 207

### Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/16

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

#### Part 1: Income

##### 1. Gross revenue from business

None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

Sources of revenue  
Check all that apply

Gross revenue  
(before deductions and exclusions)

From the beginning of the fiscal year to filing date:  
From 1/01/2018 to Filing Date

Operating a business

\$14,397.07

Other \_\_\_\_\_

For prior year:  
From 1/01/2017 to 12/31/2017

Operating a business

\$561,502.13

Other \_\_\_\_\_

For year before that:  
From 1/01/2016 to 12/31/2016

Operating a business

\$1,483,650.44

Other \_\_\_\_\_

##### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

None.

Description of sources of revenue

Gross revenue from each source  
(before deductions and exclusions)

#### Part 2: List Certain Transfers Made Before Filing for Bankruptcy

##### 3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers--including expense reimbursements--to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer  
Check all that apply

##### 4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed

or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$6,425. (This amount may be adjusted on 4/01/19 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

None

Creditor's name and address	Describe of the Property	Date	Value of property
-----------------------------	--------------------------	------	-------------------

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
<b>To Be Provided</b>			<b>\$0.00</b>

Last 4 digits of account number: \_\_\_\_\_

**Part 3: Legal Actions or Assignments**

**7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>Lawrence J. Thomson, Court-Appointed Rent Receiver v. Endo/Surgical Center of North Jersey, PC and DVCO, LLC</b> LT-9864-17	<b>Landlord/Tenant</b>	<b>Passaic County Special Civil Part 77 Hamilton Street Paterson, NJ 07505</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.2. <b>First Commerce Bank v. Endo/Surgical Center of North Jersey, PC, et al</b> OCN-L-2380-16	<b>Contract</b>	<b>Ocean County Superior Court</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3. <b>Giasulo vs. Endo Surgical Center of New Jersey</b> C-000127-16	<b>Contract</b>	<b>Passaic County Superior Court</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.4. <b>Pomante vs Endo Surgical Center of North Jersey, et al</b> PAS-L-4066-14		<b>Passaic County Superior Court</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.5. Arrow International vs. Endo Surgical Center of North Jersey DC-5312-17		Passaic County Special Civil Part 77 Hamilton Street Paterson, NJ 07505	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.6. Montclair Anesthesia vs. Endo-Surgical Center of Clifton, et al ESX-L-1917-13		Essex County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.7. Unitex Textile Rental Corporation vs. Endosurgical Center of North Jersey PC ESX-L-6216-16		Essex County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.8. Boston Scientific Corporation v. Endo/Surgical Center of North Jersey PC PAS-L-1649-17	Contract	Passaic County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.9. Henry Schein vs. Endo/Surgical Center of North Jersey, PC PAS-L-2289-17	Contract	Passaic County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.10 Everbank Commercial Finance, Inc. vs Endo/Surgical Center of North Jersey PC MRS-L-176-16	Contract	Morris County Superior Court	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.11 On Deck Capital, Inc. vs. Endo Surgical Center of North Jersey, PC, et al CL17-2556	Collection	Arlington County Circuit Court Commonwealth of Virginia	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

None

**Part 4: Certain Gifts and Charitable Contributions****9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
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**Part 5: Certain Losses****10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).			

**Part 6: Certain Payments or Transfers****11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

None.

Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1. Trenk, DiPasquale, Della Fera & Sodono, 347 Mount Pleasant Avenue Suite 300 West Orange, NJ 07052	Attorney Fees	12/28/2017	\$21,717.00
Email or website address <a href="mailto:asodono@trenklawfirm.com">asodono@trenklawfirm.com</a>			
Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value

**13. Transfers not already listed on this statement**

List any transfers of money or other property by sale, trade, or any other means made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

None.

Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

Does not apply

Address	Dates of occupancy From-To

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

No. Go to Part 9.  
 Yes. Fill in the information below.

<b>Facility name and address</b>	<b>Nature of the business operation, including type of services the debtor provides</b>	<b>If debtor provides meals and housing, number of patients in debtor's care</b>
15.1. <b>Endo Surgical Center of North Jersey PC 999 Clifton Avenue Clifton, NJ 07013</b>	<b>Surgical Center</b>	
<b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider. <b>999 Clifton Avenue, Clifton, NJ 07013</b>		
<b>How are records kept?</b> <i>Check all that apply:</i> <p><input checked="" type="checkbox"/> Electronically  <input type="checkbox"/> Paper</p>		

#### **Part 9: Personally Identifiable Information**

##### **16. Does the debtor collect and retain personally identifiable information of customers?**

No.  
 Yes. State the nature of the information collected and retained.

##### **Name, Address, Social Security Number and Insurance information**

Does the debtor have a privacy policy about that information?

No  
 Yes

##### **17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

No. Go to Part 10.  
 Yes. Does the debtor serve as plan administrator?

No Go to Part 10.  
 Yes. Fill in below:

Name of plan

**Endo Surgical Center of North Jersey 401k**

**Employer identification number of the plan**  
**EIN:** \_\_\_\_\_

Has the plan been terminated?

No  
 Yes

#### **Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units**

##### **18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

None

Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

##### **19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this Official Form 207

**Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy**

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case.

None

Depository institution name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
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**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

None

Facility name and address	Names of anyone with access to it	Description of the contents	Do you still have it?
<b>Extra Space Storage</b> 515 Broad Street Clifton, NJ 07014	<b>No access due to lack of payment</b>	<b>Medical Records</b>	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own**

**21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

None

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.**

No.

Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
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**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

No.

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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**24. Has the debtor notified any governmental unit of any release of hazardous material?**

No.

Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
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#### Part 13: Details About the Debtor's Business or Connections to Any Business

##### 25. Other businesses in which the debtor has or has had an interest

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.	Dates business existed
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##### 26. Books, records, and financial statements

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

None

Name and address	Date of service From-To
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26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

None

Name and address	Date of service From-To
26b.1. <b>Ray Toscano</b> Roth Toscano & Amato 411 Hackensack Avenue #10 Hackensack, NJ 07601	1/1/09-6/30/17

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

None

Name and address	If any books of account and records are unavailable, explain why
26c.1. <b>Paul Gagliano</b> Gagliano & Associates 9 James Street Bloomfield, NJ 07003	

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

None

Name and address
26d.1. <b>Yellowstone Capital</b> 1 Evertrust Plaza Jersey City, NJ 07302
26d.2. <b>On Deck Capital Inc</b> 901 N Stuart Street, Suite 700 Arlington, VA 22203

##### 27. Inventories

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Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

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Have any inventories of the debtor's property been taken within 2 years before filing this case?

No  
 Yes. Give the details about the two most recent inventories.

Name of the person who supervised the taking of the inventory	Date of inventory	The dollar amount and basis (cost, market, or other basis) of each inventory
27.1		
<hr/>		
Name and address of the person who has possession of inventory records		
Passaic County Sheriff's Office 435 Hamburg Turnpike Wayne, NJ 07470		

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
William Focazio, MD	106 Fox Hedge Road Saddle River, NJ 07458	President	90%
Louis Giasullo, DC	PO Box 836 18 Hook Mountain Road, Suite 201 West Caldwell, NJ 07006	owns four (4) class B, non-voting authorized shares of 100 total Class A and Class B shares	4%
Anthony Mancini	170 Frank Lane Paramus, NJ 07652	owns two (2) class B, non-voting authorized shares of 100 total Class A and Class B shares	2%
Gerald Recioppi	975 Clifton Avenue 18 Hook Mountain Road, Suite 201 Clifton, NJ 07013	owns four (4) class B, non-voting authorized shares of 100 total Class A and Class B shares	4%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

No  
 Yes. Identify below.

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

No  
 Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
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31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

No  
 Yes. Identify below.

**Name of the parent corporation****Employer Identification number of the parent corporation****32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?**

No  
 Yes. Identify below.

**Name of the parent corporation****Employer Identification number of the parent corporation**

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both.  
18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on January 13, 2018

/s/ William Focazio, M.D.

Signature of individual signing on behalf of the debtor

William Focazio, M.D.

Printed name

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

No

Yes

**United States Bankruptcy Court**  
**District of New Jersey**

In re Endo Surgical Center of North Jersey

Debtor(s)

Case No.

Chapter

11

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept .....	\$	<b>Fees &amp; expenses as allowed by the Court</b>
Prior to the filing of this statement I have received .....	\$	<b>16,705.80*</b>
Balance Due .....	\$	<b>Fees &amp; expenses as allowed by the Court</b>

**\* Debtor paid a retainer of \$21,717.00 for the Debtor's Chapter 11 representation. Future compensation shall be paid by the Debtor, which fees will be subject to Bankruptcy Court approval.**

2. The source of the compensation paid to me was:

Debtor       Other (specify):

3. The source of compensation to be paid to me is:

Debtor       Other (specify):

4.  I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

**Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.**

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

**Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.**

**CERTIFICATION**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

January 13, 2018

Date

/s/ Anthony Sodono, III

**Anthony Sodono, III**

*Signature of Attorney*

**Trenk, DiPasquale, Della Fera & Sodono, P.C.**

**347 Mount Pleasant Avenue**

**Suite 300**

**West Orange, NJ 07052**

**973-243-8600 Fax: 973-243-8677**

**asodono@trenklawfirm.com**

*Name of law firm*

**United States Bankruptcy Court  
District of New Jersey**

In re Endo Surgical Center of North Jersey

Debtor(s)

Case No.  
Chapter

11

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
<b>Anthony Mancini 170 Frank Lane Paramus, NJ 07652</b>	<b>B</b>	<b>2%</b>	
<b>Gerald Recioppi 975 Clifton Avenue 18 Hook Mountain Road, Suite 201 Clifton, NJ 07013</b>	<b>B</b>	<b>4%</b>	
<b>Louis Giasullo, DC PO Box 836 18 Hook Mountain Road, Suite 201 West Caldwell, NJ 07006</b>	<b>B</b>	<b>4%</b>	
<b>William Focazio, MD 106 Fox Hedge Road Saddle River, NJ 07458</b>	<b>A</b>	<b>90%</b>	

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date January 13, 2018

Signature /s/ William Focazio, M.D.  
William Focazio, M.D.

*Penalty for making a false statement of concealing property:* Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court  
District of New Jersey**

In re Endo Surgical Center of North Jersey

Debtor(s)

Case No.

Chapter

11

**VERIFICATION OF CREDITOR MATRIX**

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: January 13, 2018

/s/ William Focazio, M.D.

**William Focazio, M.D./President**

Signer>Title

Ability Network Inc  
100 North 6th Street  
Suite 900A  
Minneapolis, MN 55403

Advanced Collection Inc.  
PO Box 6031  
Clifton, NJ 07015

AGL Inhalation Therapy Co  
600 US 46  
Clifton, NJ 07013

All Security Locksmiths LLC  
842 Clifton Avenue Suite 3  
Clifton, NJ 07013

Allied World Assurance Co  
199 Water Street #24  
New York, NY 10038

AllState Fire Technologies Inc.  
289 Sherman Avenue  
Newark, NJ 07114

Amkai Solutions  
200 Business Park Suite 208  
Armonk, NY 10504

Amniox Medical Inc.  
2849 Paces Ferry Road SE #750  
Atlanta, GA 30339

Anthony Mancini  
170 Frank Lane  
Paramus, NJ 07652

Applied Biologics  
Dept 3517  
PO Box 123517  
Dallas, TX 75312-3517

Arrow Elevator  
230 Richardson Street  
Brooklyn, NY 11222

Arrow International Inc  
c/o Heitner & Breitstein PC  
28 N Main Street  
Marlboro, NJ 07746

Arthrex Inc  
1370 Creekside Boulevard  
Naples, FL 34108-1945

Baxter Healthcare Corp  
511 Commerce Street  
Franklin Lakes, NJ 07417

Bell Consulting LLC  
445 Co Road 291  
Rifle, CO 81650

Benigno's Tire Exchange Inc.  
60 Jewell Street  
Garfield, NJ 07026

Bergenline Medical Supplies  
2115 Bergenline Avenue  
Union City, NJ 07087

Billco LLC  
220 S Ridgedale Avenue #B2  
Florham Park, NJ 07932

Biomed Associates Inc.  
4 E Main Street  
Flemington, NJ 08822

Biomed Technologies Inc.  
111 Howard Blvd #100b  
Mount Arlington, NJ 07856

Biomet Spine  
310 Interlocken Parkway, Suite 120  
Broomfield, CO 80021

Boston Scientific Corporation  
300 Boston Scientific Way  
Marlborough, MA 01752

Bracco Diagnostics Inc.  
PO Box 978952  
Dallas, TX 75397

Caine & Weiner  
21210 Erwin Street  
Woodland Hills, CA 91367

Can Capital  
c/o Vital Recovery Services LLC  
PO Box 923747  
Norcross, GA 30010

CC Corporate Storage  
1 Ackerman Avenue  
Clifton, NJ 07011

Chase Auto Finance  
PO Box 901076  
Fort Worth, TX 76101-2076

Chase Weiss & Kehoe  
190 Moore Street  
Hackensack, NJ 07601

Citrin Cooperman  
529 Fifth Avenue  
New York, NY 10017

Clifton Sunoco  
956 Van Houten Avenue  
Clifton, NJ 07013

Clifton Ultra Sunoco  
956 Van Houten Avenue  
Clifton, NJ 07013

Clifton, City of  
900 Clifton Avenue  
Clifton, NJ 07013

Clifton, City of  
Sewer Dept.  
PO Box 51070  
Newark, NJ 07101-5170

Clifton, City of  
Attn: Municipal Attorney  
900 Clifton Avenue  
Clifton, NJ 07013

Cole Schotz  
25 Main Street  
Hackensack, NJ 07601

Colonial Pharmacy  
828 Clifton Avenue  
Clifton, NJ 07013

Cook Medical Incorporated  
22988 Network Place  
Chicago, IL 60673

Corrado's Garden Center  
600 Getty Avenue  
Clifton, NJ 07011

Covidien Safes LLC  
480 Washington Blvd  
Jersey City, NJ 07310

CQ Fluency Inc.  
2 University Plaza, Suite 406  
Hackensack, NJ 07601

Crothall Healthcare  
13028 Collection Center Drive  
Chicago, IL 60693

Custom Ultrasonics Inc.  
c/o Recovery Solutions Group LLC  
1008 Mattlind Way  
Milford, DE 19963

David C Whitridge, Esq.  
Thompson O'Brien Kemp & Nasuit PC  
40 Technology Parkway Sourt, Suite 300  
Norcross, GA 30092

Deanco Building Solutions Inc  
208 Lenox Avenue  
Westfield, NJ 07090

DeGrado Halkovich LLC  
2 University Plaza, Suite 400  
Hackensack, NJ 07601

DocEconomics Inc.  
1401 Constitution Avenue NW  
Washington, DC 20230

DVCO  
999 Clifton Avenue  
Clifton, NJ 07013

DVCO, LLC  
999 Clifton Avenue  
Clifton, NJ 07013

EBS Medical Chart Solutions  
151 North Main Street, Suite 405  
New City, NY 10956

El Especial  
3711 Hudson Avenue  
Union City, NJ 07087

Epimed  
141 Sal Landrio Drive  
Crossroad Business Park  
Johnstown, NY 12095

Everbank Commerical Finance Inc.  
c/o Mark E. Thompson, Esq.  
Law Offices of Thomas A Buonocore PC  
1719 Route 10, Suite 301  
Parsippany, NJ 07054

Extra Space Storage  
515 Broad Street  
Clifton, NJ 07014

FiberTech Medical USA  
1533 Monument Street  
Concord, MA 01742

First Commerce Bank  
c/o Windels Marx Lane & Mittendorf, LLP  
120 Albany Street Plaza  
New Brunswick, NJ 08901

ForTec Medical  
PO Box 951147  
Cleveland, OH 44193

Fortis Commercial Cleaning  
223 Lakewood Drive  
Bloomfield, NJ 07003

Frier Levitt LLC  
64 Bloomfield Avenue  
Pine Brook, NJ 07058

Fulton Bank  
c/o Archer & Greiner  
Three Logan Square  
1717 Arch Street, Suite 3500  
Philadelphia, PA 19103

Garden State Irrigation Inc.  
500 West Main Street, Suite 5  
Wyckoff, NJ 07481

GE Capital  
Wells Fargo Vendor Fin Service  
PO Box 70239  
Philadelphia, PA 19178-0239

GE Healthcare  
618 Wall Street  
Ridgewood, NJ 07450

Gerald Recioppi  
975 Clifton Avenue  
18 Hook Mountain Road, Suite 201  
Clifton, NJ 07013

Gerstel Medical  
20 Quaker Road  
Short Hills, NJ 07078

GI Supply  
200 Grandview Avenue  
Camp Hill, PA 17011

Global Health Care Services Inc  
39018 Treasury Center  
Chicago, IL 60694-9000

Global Star  
1901 E 50th Street  
Texarkana, AR 71854

Great American Leasing Corporation  
PO Box 660831  
Dallas, TX 75266-0831

Halyard Sales LLC  
PO Box 73583  
Dallas, TX 75373-2583

Henry Schein  
c/o Heitner & Breitstein PC  
26 Court Street #304  
Brooklyn, NY 11242

Higher Images  
368 Commercial Street  
Bridgeville, PA 15017

Image First  
Po Box 61323  
King of Prussia, PA 19406

Internal Revenue Service  
PO Box 7346  
Philadelphia, PA 19101-7346

Interstate Waste Services  
PO Box 554046  
Detroit, MI 48255-4046

JDJ Consulting LLC  
6 North Synnott Avenue  
Wenonah, NJ 08090

John Ware/Clifton Sunoco  
c/o Law Office of Anthony Barbieri  
832 Clifton Avenue  
Clifton, NJ 07013

Johnson & Johnson Healthcare  
c/o Biehl & Biehl, Inc.  
325 East Fullerton Avenue  
Carol Stream, IL 60188

Joint Restoration Foundation  
6276 South Troy Circle  
Englewood, CO 80111

JRF Ortho  
6278 South Troy Circle  
Englewood, CO 80111

Kimberly-Clark  
PO Box 88125  
Chicago, IL 60695-0002

Lakeland Bank  
9 Polifly Road  
Hackensack, NJ 07601

Law Office of Jeffrey Randolph LLC  
139 Harristown Road, Suite 205  
Glen Rock, NJ 07452

Lawrence J. Thomson, Ct Appt Rent Receiv  
c/o Eva K. Carey, Esq.  
Windels Marx Lane & Mittendorf LLP  
120 Albany Street Plaza  
New Brunswick, NJ 08901

Leaf Financial  
68 S Service Road  
Melville, NY 11747

Liberty Mutual Ins. Co  
2501 Willington Road  
New Castle, PA 16105

Louis Giasullo, DC  
PO Box 836  
18 Hook Mountain Road, Suite 201  
West Caldwell, NJ 07006

Marquis Healthcare Technologies  
4459 Amboy Road, Suite 4  
Staten Island, NY 10312

Marsha Cohen RN  
11 Cooper Avenue #302  
Long Branch, NJ 07740

McKesson Medical-Surgical  
9954 Mayland Drive  
Henrico, VA 23233

MD Reports  
1110 South Avenue  
Staten Island, NY 10314

Meadowlands Electronics  
320 Essex Street Suite 3  
Stirling, NJ 07980

Medical Staff Office  
Chilton Hospital  
97 West Parkway  
Pompton Plains, NJ 07444

Medivators NW 9841  
PO Box 1450  
Minneapolis, MN 55485

Medline Industries Inc  
30 Germantown Road #2  
Danbury, CT 06810

Medtronic USA  
4542 Collection Center Drive  
Chicago, IL 60693-0046

Metro MSP LLC  
8 Woodhollow Road  
Parsippany, NJ 07054

Mindray DS USA Inc.  
800 MacArthur Blvd  
Mahwah, NJ 07430

Miron Technologies Inc.  
PO Box 101301  
Pasadena, CA 91189

Mitel Leasing  
PO Box 972448  
Dallas, TX 75397-2448

Mitel Technologies Inc.  
Department 7084  
Carol Stream, IL 60122-7084

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Neuro Therm Inc.  
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New Jersey Attorney General Office  
Division of Law  
Richard J. Hughes Justice Complex  
25 Market St, PO Box 112  
Trenton, NJ 08625-0112

New Jersey Dept. Labor & Workforce Devel  
Div. of Unemployment & Disability Ins.  
Bankrupcy Unit  
1 John Fitch Plaza, PO Box 951  
Trenton, NJ 08611-0951

New Jersey Dept. of Labor  
Division of Employer Accounts  
1 John Fitch Plaza  
PO Box 379  
Trenton, NJ 08611-0379

New Jersey, Division of Taxation  
Compliance & Enforcement - Bankruptcy  
50 Barrack Street, 9th Fl.  
PO Box 245  
Trenton, NJ 08695-0267

New Logic  
1295 67th Street  
Emeryville, CA 94608

North Media Group  
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Little Falls, NJ 07424

Northwestern Mutual  
PO Box 3009  
Milwaukee, WI 53201-3009

Nuance Communications Inc.  
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Philadelphia, PA 19170-6924

Nw Jersey, Treasurer  
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Trenton, NJ 08608

Olympus America Inc  
Box 200194  
Pittsburgh, PA 15251-0194

On Deck Capital Inc  
901 N Stuart Street, Suite 700  
Arlington, VA 22203

Optum360  
PO Box 8850  
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Panasonic Finance Solutions  
PO Box 12438  
Newark, NJ 07101-3538

Passaic Valley Water 7236  
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Clifton, NJ 07011

Passaic Valley Water Commission  
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Clifton, NJ 07011

Paulison Car Wash & Detailing Inc.  
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Pitney Bowes Purchase Power  
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Pittsburgh, PA 15250-7874

Positive Outcomes Consulting LLC  
106 Apple Street Suite 200W  
Eatontown, NJ 07724

Precision Billing & Consulting Services  
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Hackensack, NJ 07601

Premier Plus  
326 North 14th Street  
Kenilworth, NJ 07033

Premium RX National LLC  
15722 Crabbs Branch Way  
Derwood, MD 20855

Prescott's Inc.  
18940 Microscope Way  
Monument, CO 80132

Professional Transcription Co - PTC  
PO Box 120330  
Staten Island, NY 10312

Proforma Spectrum Graphics Unlimited  
373 US 46 #130  
Fairfield, NJ 07004

Progressive Drive Insurance  
PO Box 105428  
Atlanta, GA 30348

PSE&G  
PO Box 14444  
New Brunswick, NJ 08906

Reshape Medical Inc  
236 Avenida Fabricante Suite 201  
San Clemente, CA 92672-5202

Richard Wolf Medical  
2573 Momentum Place  
Chicago, IL 60689

Roth Toscano & Amato  
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Paramus, NJ 07652

Salerno Technologies  
PO Box 807  
Union, NJ 07083

Scales Medical Technologies Inc.  
110 Voice Road  
Carle Place, NY 11514

Sharpe Kawam Carmosino & Co LLC  
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Boonton, NJ 07005

Shred It USA LLC  
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Smith & Nephew Inc  
PO Box 60333  
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Son Rise  
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Roselle Park, NJ 07204

SpineView Inc.  
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Staples  
PO Box 415256  
Boston, MA 02241

Staples Advantage  
PO Box 415256  
Boston, MA 02241-5256

Staples Credit Plan  
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PO Box 78004  
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Stericycle  
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Stryker Endoscopy  
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Stryker Spine  
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The Wheelchair Man Company Inc.  
281 White Horse Pike  
Clementon, NJ 08021

To Be Provided

Todays Business LLC  
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Clifton, NJ 07013

US Endoscopy  
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Utica National Insurance Group  
PO Box 6532  
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Vanwell Electronics  
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Verizon Wireless  
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VMST Corp  
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WB Mason Company Inc.  
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Wells Fargo Financial Leasing  
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Clifton, NJ 07013

Yellowstone Capital  
1 Evertrust Plaza  
Jersey City, NJ 07302

**United States Bankruptcy Court  
District of New Jersey**

In re **Endo Surgical Center of North Jersey**

Debtor(s)

Case No.  
Chapter

**11**

**CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)**

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for Endo Surgical Center of North Jersey in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

None [*Check if applicable*]

**January 13, 2018**

Date

*/s/ Anthony Sodono, III*

**Anthony Sodono, III**

Signature of Attorney or Litigant

Counsel for **Endo Surgical Center of North Jersey**

**Trenk, DiPasquale, Della Fera & Sodono, P.C.**

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